

# Guardian's Manual

## For Guardians in Colorado



The original User's Manual for Guardians in Colorado was a collaborative effort of the staff of the State Court Administrator's Office, the Protective Proceedings Task Force, and members of the Colorado Bar Association. Over the years, revisions have been made to this Manual to comply with Colorado law, Colorado Rules of Probate Procedure, etc.

This Manual is intended to assist newly appointed guardians and those who've served in this role for any period of time. It will introduce you to a guardian's responsibilities and important guardianship issues. This is not a comprehensive manual. It does not address every situation but was designed to highlight many of the common situations that one may need to address as a guardian.

You are expected to familiarize yourself with the provisions in Colorado law, the Colorado Uniform Guardianship and Protective Proceedings Act, §§ 15-14-101, C.R.S. through 15-14-434, C.R.S. that relate to protective proceedings for minors and adults, the Colorado Rules of Probate Procedure and applicable case law. If you have questions on how to proceed, you may want to consult an attorney before acting. By obtaining an attorney's advice before you act, you may avoid more costly legal services later.

It is also highly recommended that appropriate professionals be consulted. Even if you do not have an attorney, you are bound by the same rules and procedures as if you did. The cost for professional assistance may be assessed to the ward (the ward's estate) as long as the expense was incurred for the benefit of the ward.

The Guardian's Manual is available on the Colorado Judicial Branch website at:  
[http://www.courts.state.co.us/Forms/Forms\\_List.cfm?Form\\_Type\\_ID=164](http://www.courts.state.co.us/Forms/Forms_List.cfm?Form_Type_ID=164)

If you have any comments or suggestions, feel free to contact: [cpr@judicial.state.co.us](mailto:cpr@judicial.state.co.us)

## General Information Regarding a Guardian's Responsibilities

### **TABLE OF CONTENTS**

1. Definitions
2. Information Regarding Your Appointment as a Guardian and Your Duties
3. Frequently Asked Questions
4. Resources
5. Guardian's Worksheet
6. Report Checklist
7. Sample Report – Guardian's Report – Minor

You may wish to maintain your personal information in this manual, as this may be a great place for you to maintain documents pertaining to the ward, ward's care, financial documents, receipts, etc.

### **DEFINITIONS**

<b>Advance Directives:</b>	Written instructions prepared by a mentally competent adult concerning medical decisions to be made on behalf of the person who has provided the instructions, allowing someone else to make treatment decisions on his or her behalf. Advance Directives include Living Will, Medical Durable Power of Attorney, CPR Directive.
<b>Adult:</b>	An individual who is 18 years of age or older, or an emancipated minor.
<b>Best Interest:</b>	Best interest is what is best for a ward's well-being, considering his or her ascertainable wishes, individual needs and the least restrictive means to achieve care and protection.
<b>Conservator:</b>	A person at least 21 years of age who has been appointed by a court to manage the financial affairs of another person.
<b>Fiduciary:</b>	A person or institution who has been appointed by the court to serve as a guardian and/or a conservator of a minor or adult. It also includes a personal representative and trustee.
<b>Guardian:</b>	A person at least 21 years of age who has been appointed by a court to have the care and custody of an incapacitated person or a minor, or who has qualified pursuant to certain written instruments to have the care and custody of a minor.
<b>Incapacitated Person:</b>	An adult person who is unable to effectively receive or evaluate information or both or make or communicate decisions to such an extent that he or she lacks the ability to satisfy essential requirements for physical health, safety, or self-care, even with appropriate and reasonably available technological assistance.
<b>Informed Consent:</b>	An agreement to allow something to happen based on full disclosure of facts needed to make a decision, e.g. understanding of risks, alternatives and consequences.

<b>Interested Persons:</b>	Persons identified by Colorado law who are entitled to notice of any request for a court order. This includes a request for a conservatorship or a guardianship. The term can vary, depending on the type of request under consideration. It would usually include the spouse and adult children of a respondent, at the very least.
<b>Legal Representative:</b>	Includes a representative payee, a guardian or conservator acting for a respondent in this state or elsewhere, a trustee or custodian of a trust or custodianship of which the respondent is a beneficiary, or an agent designated under a power of attorney, whether for health care or property, in which the respondent is identified as the principal.
<b>Letters:</b>	A formal document (form) issued by the court and provided to the guardian and/or conservator as proof of their appointment and authority to act, which will include any restrictions or limitations.
<b>Minor:</b>	An unemancipated individual who has not attained 18 years of age.
<b>Parent:</b>	Means a parent whose parental rights have not been terminated.
<b>Petitioner:</b>	A person who files a petition with the court, such as a Petition for the Appointment of a Conservator or Guardian.
<b>Protected Person:</b>	A minor or other individual for whom a conservator has been appointed or other protective order has been made.
<b>Representative Payee:</b>	A person or agency appointed by the Social Security Administration to receive and manage the recipient's social security or supplemental security income (SSI) benefits for the recipient who cannot manage his or her own money.
<b>Respondent:</b>	An individual for whom the appointment of a guardian or conservator or other protective order is sought.
<b>Ward:</b>	A person for whom a guardian has been appointed.

### **ADDITIONAL DEFINITIONS (Outside the Appointment of a Guardian)**

#### **Supportive Decision-Making Agreement:**

A voluntary agreement entered into between an adult with a disability and one or more members of the adult with disability's supportive community.

#### **Member of the Supportive Community:**

A person whom the adult has identified, who the adult trust to engage in the supported decision-making process, and who understands the adult's desires and personal values.

## **INFORMATION REGARDING YOUR APPOINTMENT AS A GUARDIAN & DUTIES AS THE GUARDIAN OF THE WARD**

The guardian shall have access to the ward's medical records and information to the same extent that the ward is entitled. The guardian shall be deemed to be the ward's personal representative for all purposes relating to ward's protected health information, as provided in HIPAA, Section 45 CFR 164.502(g)(2).

### **Duties and Limitations as the Guardian (be sure to review your Order of Appointment):**

- ◆ Arrange for care and protection.
- ◆ Decide on living arrangements.
- ◆ Arrange for food, clothes, personal care items, spiritual needs, housekeeping, transportation and recreation.
- ◆ Arrange for health care.
- ◆ Maintain sufficient contact with the ward so that you are aware of his or her capacities, limitations, needs, opportunities and physical and mental health. To the extent possible, encourage the ward to participate in decision-making. When making decisions for the ward, consider his or her expressed desires and personal values.
- ◆ If you are the **guardian for a minor**, you have the duties and responsibilities of a parent regarding the minor's support, care, education, health, and welfare, unless the court order says otherwise. This includes authority to sign school consent forms such as enrollment, sports/activity participation, etc. You will also maintain physical custody of the ward (minor) and will determine the ward's place of residence and all visitations absent specific orders from the court.
- ◆ Consider whether the ward needs a conservator to manage his or her financial affairs.
- ◆ Evaluate and consider application for public benefits if the ward does not have a conservator.
- ◆ Do not deposit the ward's money into your own account.
- ◆ Immediately notify the court if an adult ward's condition has changed so that he or she is capable of exercising rights previously removed.
- ◆ Promptly notify the court of a change in your address or the ward's address and immediately notify the court of the ward's death. You may not change the ward's place of residence from the State of Colorado without a court order.
- ◆ Special procedures must be followed to obtain hospital or institutional care and treatment for mental illness of a ward, to obtain care and treatment from an approved service agency for a ward with developmental disabilities, and to obtain care and treatment for alcoholism or substance abuse. You do not have authority to consent to any such care or treatment against the ward's will.
- ◆ If you are the **guardian for an adult**, be sure to comply with the Order Appointing Guardian for Adult (JDF 848SC), regarding the mandatory reporting requirement if the ward is an "at risk elder" or "at risk adult with an intellectual and developmental disability".

### **Record Keeping:**

**(NOTE: This list is not exhaustive but highlights the typical areas of responsibility)**

- ◆ You may want to establish a time sheet for tracking time spent with the ward.
- ◆ You must maintain all records for the duration of the guardianship. This may include medical reports, housing expenses, SSI income or any other sources of income, expenses paid to professionals, etc. Maintain supporting documentation, such as bank statements and check copies, credit card statements and receipts, sales receipts, and other such forms of proof that support your reports. The court and interested persons can request documentation from the guardian at any time.
- ◆ Subject to review by the court, you may be entitled to reasonable compensation, which may have tax consequences to you and/or the ward.

### **Complete and File with the Court Required Reports:**

- ◆ Fully complete and file all required reports with the court, per the Order of Appointment.
- ◆ For **adult guardianship cases**, file the Initial Guardian's Report and the Annual Guardian's Report (JDF 850SC), in accordance with the Order Appointing Guardian for Adult (JDF 848SC), referred to as the Order of Appointment. See the Order of Appointment for the due dates of filing.
- ◆ For **minor guardianship cases**, file the Guardian's Report – Minor (JDF 834SC) in accordance with the Order Appointing Guardian for Minor (JDF 827SC), referred to as the Order of Appointment. See the Order of Appointment for the due dates of filing.
- ◆ Provide copies of the Initial and Annual Guardian's Report to interested persons identified in the Order of Appointment.
- ◆ Provide copies of the Initial and Annual Guardian's Report to the ward in adult cases, and in minor cases, to the minor if he/she is 12 years of age or older.

### **FREQUENTLY ASKED QUESTIONS**

The following are frequently asked questions to assist you with your appointment as a guardian. You may want to consult with an attorney if you have questions that are not addressed here.

#### **What is the cost to obtain certified copies of Letters and Orders from the court/clerk's office?**

Please see **JDF 1 – Court Filing Fees and Costs** located on the Colorado Judicial Department's website: [www.courts.state.co.us](http://www.courts.state.co.us)

#### **What is the difference between a guardian and conservator?**

**Guardian:** Assists with personal affairs, such as housing and health care.

**Conservator:** Assists with the financial affairs.

#### **What happens to bank accounts?**

It depends on the nature or the reason for the account. For example: if the account was established as a matter of convenience so the co-owner can write checks for the ward/protected person, most likely the account should be transferred to the conservatorship, if ordered by the court. If it was established for estate planning purposes, no changes may be necessary.

#### **What about business situations?**

You may want to contact an attorney.

#### **When I was appointed, I was required to sign an Acknowledgment of Responsibilities (JDF 800SC). Why?**

The law requires that you file annual reports with the court. By signing and filing this form, you are acknowledging that you understand your responsibilities, including filing reports, etc. Refer to the Order of Appointment for the dates that all reports are due.

#### **Where can I get more of these blank reporting forms?**

All forms are available, free of charge on the Colorado Judicial Department's website:

<https://www.courts.state.co.us/Forms/SubCategory.cfm?Category=Guardian>

You may also get blank forms at the clerk's office for a small charge. See **JDF 1 – Court Filing Fees and Costs**.

#### **I need more copies of my proof of appointment. Where can I get them and what is the cost?**

Copies of Letters may be obtained at the clerk's office for a fee, which includes copy work and certification of the Letters. See **JDF 1 – Court Filing Fees and Costs**.

**I need help completing my reports. Can the clerks/court staff help me?**

Court clerks/court staff are not allowed to give legal advice or assist with the completion of forms. However, you may use the below links to contact the Protective Proceedings Monitor and/or the Self-Help Center in the court/judicial district where you were appointed/where your court case is out of.

**Protective Proceedings Monitor**

[https://www.courts.state.co.us/userfiles/file/Self\\_Help/Probate/PPM\\_List.pdf](https://www.courts.state.co.us/userfiles/file/Self_Help/Probate/PPM_List.pdf)

Or

**Self-Help Center**

[https://www.courts.state.co.us/Self\\_Help/resources.cfm](https://www.courts.state.co.us/Self_Help/resources.cfm)

If you need legal assistance, it is highly advised that you seek the advice of an attorney.

**Am I personally liable for the ward's expenses and what about their actions?**

A guardian need not use the guardian's personal funds for the ward's expenses. A guardian is not liable to a third person for acts of the ward solely because of the relationship as guardian.

**I'm very worried about the ward's safety when they drive. What can I do?**

As the guardian, you are charged with making decisions that are in the best interests of the ward, including restricting driving privileges. You should speak with the ward's physician about your concerns. He or she can help you decide what to do. You can also contact the Department of Motor Vehicles to discuss possible revocation of the ward's driver's license.

**What documentation do I need in order to add the minor to my health insurance, car insurance, etc.?**

Provide certified copies of the Letters of Guardianship.

**Can I pay myself?**

A guardian is entitled to reasonable compensation for his or her services. The hourly rate is determined on a case-by-case basis. It is important to keep a record of the time spent and the service provided. Family members usually serve without compensation. Time spent for friendship and companionship should not normally be billed to the ward. Please know, there may be tax requirements for reporting compensation paid to the guardian as well as reporting the expense for the ward.

A guardian is also entitled to reimbursement for expenses paid from the guardian's own funds. You are required to maintain supporting documentation for all disbursements. The court or any interested persons may request copies at any time.

Compensation and reimbursement for expenses must be approved by the court unless someone else has been appointed as conservator. In that case, the conservator may approve payment.

**The adult ward lives with me. May I charge rent?**

You may charge a reasonable amount for rent and other living expenses. These expenditures should be submitted to the court for approval. There may be tax consequences for such payments.

**The ward cannot live alone, and I can't take care of him/her myself. What do I do now?**

As the guardian, you are charged with making decisions that are in the best interests of the ward, including housing decisions such as nursing home placement. It is important that you educate yourself about the ward's needs and the resources available.

**I have to leave town for a while. Can I designate someone to make decisions for the ward in my absence?**



The guardian may delegate to another person, for a period not exceeding 12 months, any powers regarding care, custody or property of a ward, except the power to consent to marriage or adoption. Instructions (JDF 750) and a form (JDF 751) are available on the Colorado Judicial Department's website: <https://www.courts.state.co.us/Forms/SubCategory.cfm?Category=Guardian>

**My siblings and I are arguing about the way I'm taking care of the ward. What can I do?**

Your siblings have the right to take any of their concerns to the court. Until the court says otherwise, you have the power to make decisions about the ward's care, etc.

**What happens when the ward dies?**

Promptly notify the court by filing a Notice of Death (JDF 853SC).

**What if the ward gets well and doesn't need my help any longer?**

You or the ward may file a Petition for Termination of Guardianship - Adult (JDF 852SC); Petition for Termination of Guardianship – Minor (JDF 835SC). Generally, a hearing will be required with the ward present, unless excused for good cause.

**What would happen if I didn't file the required reports or didn't comply with court orders?**

The court may impose sanctions, which could include but not limited to your removal as guardian, fines, contempt of court, arrest and/or imprisonment.

**What if I need to move? Can I take the ward with me?**

**Within Colorado:** Promptly notify the court of the new address by filing the Notice of Change of Address – Ward or Protected Person (JDF 752) for the ward and Notice of Change Regarding Contact Information (JDF 725) for you.

**Outside the State of Colorado:** The guardian may not establish or move the ward's custodial dwelling outside the State of Colorado without a court order.

For **adult** guardianship cases, to transfer the guardianship to another state, file a Petition to Transfer Guardianship/Conservatorship from Colorado to Receiving State (JDF 787SC) with the Colorado Court where the guardianship was established. Once a Provisional Order is issued in Colorado approving the transfer, file a Petition to Accept Guardianship/Conservatorship in the state where you want the guardianship to be transferred.

**What if I need to move the ward to another county or state in order to qualify for services, school programs, etc.?**

The same rules as above apply.

**How do I get copies of birth certificates, social security cards, etc., for the ward?**

Provide certified copies of the Letters of Guardianship to the appropriate agency. See the Resources page for links to many agencies' websites. (For birth certificates for people born in Colorado, see the Colorado Department of Public Health and Environment website. For information about social security cards, see the Social Security Administration website.)

**There was mention of "reasonably available technological assistance"? What does that mean to the ward and me?**

This means that a guardianship will not be established for an adult person who could satisfy their essential requirements for physical health, safety or self-care if only they had appropriate and reasonably available technological assistance. For example, if a hearing aid or a wheelchair is all that a person needs to function independently, then a guardianship will be denied.

**If I am not allowed to obtain hospital or institutional treatment for mental illness, developmental disability or alcoholism, against the will of the ward, what are my options?**

Contact the County Attorney or the agency who handles mental health cases in the county where the ward resides.

**What if the ward wishes to get married?**

The guardian for a minor can consent to the marriage. The guardian for an adult, must petition the court for approval of the marriage.

**What if the ward gets married without my knowledge?**

The guardian may file for a Dissolution of Marriage or an Annulment (Invalidity of Marriage) as appropriate.

**How do I become the representative payee for social security benefits?**

Contact the Office of Social Security Administration and provide certified copies of Letters of Guardianship.

**Can I claim the ward as an exemption on my tax return?**

Consult with a tax advisor.

**As the guardian for a minor, am I entitled to child support from the biological parents?**

If a conservator has not been appointed and the court order does not limit your authority to do so, you may commence a proceeding or take other appropriate action to compel the parents to support the minor. Contact the Department of Human Services for information.

**What happens if the minor commits a crime?**

As the guardian, you should help the minor obtain legal representation. Absent your agreement, you would not normally be personally liable for the legal fees.

**What happens if the parents of the minor (who weren't able to take care of him/her) suddenly want the child back and I don't feel they are capable of taking proper care of the child?**

The parents can file a motion to modify or terminate a guardianship. The court will hold a hearing and review the facts of the case. At the hearing, you should let the court know about your concerns.

## **RESOURCES**

Judicial Department's Website at [www.courts.state.co.us](http://www.courts.state.co.us)

1. [Guardianship and Conservatorship for Minor - Informational Module](#)
2. [Guardianship and Conservatorship for Adults - Informational Module](#)
3. List of Protective Proceedings Monitor (court staff that handles guardianship and conservatorship cases)  
[https://www.courts.state.co.us/userfiles/file/Self\\_Help/Probate/PPM\\_List.pdf](https://www.courts.state.co.us/userfiles/file/Self_Help/Probate/PPM_List.pdf)
4. Self-Help Center (court staff that assist with answering questions)  
[https://www.courts.state.co.us/Self\\_Help/resources.cfm](https://www.courts.state.co.us/Self_Help/resources.cfm)

AARP in Colorado <https://states.aarp.org/colorado>  
1-888 687-2277

ARC of Colorado <https://www.thearcofco.org/>



ARC of the United States	<a href="https://thearc.org">https://thearc.org</a>
Alliance Colorado	<a href="http://alliancecolorado.org/">http://alliancecolorado.org/</a> 303-832-1618
Alzheimer's Association	<a href="https://act.alz.org">https://act.alz.org</a> 1-800-272-3900
Administration for Community Living	<a href="https://www.acl.gov">https://www.acl.gov</a>
Americans with Disabilities Act	<a href="https://www.ada.gov">https://www.ada.gov</a>
Autism Society of America, Colorado Chapter	<a href="https://www.autismcolorado.org/">https://www.autismcolorado.org/</a> 720-214-0794
Benefits Check Up Colorado	<a href="https://benefitscheckup.org">https://benefitscheckup.org</a> 1-800-794-6559
Brain Injury Alliance of Colorado	<a href="https://www.biacolorado.org/">https://www.biacolorado.org/</a> 303-355-9969 or 1-800-955-2443
Center for Disease Control & Prevention Alzheimer's Disease and Healthy Aging Cerebral Palsy - CP Family Network	<a href="https://www.cdc.gov/aging/">https://www.cdc.gov/aging/</a> <a href="https://cpfamilynetwork.org">https://cpfamilynetwork.org</a> 1-866-317-0471
Colorado Attorney General's Office	<a href="https://coag.gov">https://coag.gov</a> 720-508-6000
Colorado Bar Association	<a href="https://www.cobar.org">https://www.cobar.org</a> 303 860-1115
Colorado Cross-Disability Coalition	<a href="https://www.ccdconline.org/">https://www.ccdconline.org/</a> 303-839-1775
Colorado Department of Human Services	<a href="https://cdhs.colorado.gov/">https://cdhs.colorado.gov/</a> 303-866-5700
Colorado Dept of Public Health and Environment	<a href="https://cdphe.colorado.gov/">https://cdphe.colorado.gov/</a>
Colorado Division of Insurance	<a href="https://doi.colorado.gov/">https://doi.colorado.gov/</a> 303-894-7499 in the Denver-Metro area 1-800-930-3745 outside Denver
Colorado Fund for People with Disabilities	<a href="http://www.cfpdtrust.org/">http://www.cfpdtrust.org/</a> 303-733-2867
Colorado Judicial Branch	<a href="https://www.courts.state.co.us/">https://www.courts.state.co.us/</a>
Consortium for Constituents with Disabilities	<a href="https://www.c-c-d.org/">https://www.c-c-d.org/</a>
Denver Regional Council of Governments	<a href="https://drcog.org/">https://drcog.org/</a> 303 455-1000

Developmental Disabilities Waiver (DD)

<https://hcpf.colorado.gov/developmental-disabilities-waiver-dd>

Disability Law Colorado (Formerly  
(Formerly the Legal Center for  
People with Disabilities & Older People)

<https://disabilitylawco.org>  
1-800-288-1376 (Denver)  
1-800-531-2105 (Grand Junction)

Elder Care Locator

<https://www.eldercare.acl.gov>  
1-800-677-1116

Elder Law Answers

<https://www.elderlawanswers.com/>

Equal Employment Opportunity Commission

<https://www.eeoc.gov/>  
1-800-669-4000  
1-800-669-6820 (TTY)

Guardianship Alliance of Colorado

<https://www.abilityconnectioncolorado.org/guardianshipallianceofcolorado/>  
303-691-9339

HERO Alliance

<https://nrd.gov/resource/detail/12738176/HERO+Alliance>  
People with Disabilities Seeking Homeownership

Medicare

<https://www.medicare.gov/>  
1-800-Medicare (1-899-633-4227)  
1-877-486-2048 (TTY)

Mile High Down Syndrome Association

<https://www.rmDSA.org>  
303-797-1699 (Denver)  
970-628-0912 (Western Slope)

National Guardianship Association

<https://www.guardianship.org/>  
1-877-326-5992

Senior Housing Options

<https://seniorhousingoptions.org/>  
303-595-4464

Social Security Administration

<https://www.ssa.gov/>  
1-800-772-1213

Social Security Office – Denver Region

<https://www.ssa.gov/denver/>

United Way

<https://unitedway.org/>

# GUARDIAN'S WORKSHEET

## IMPORTANT DATES TO REMEMBER

Guardian's Report – Minor (JDF 834SC) due on: \_\_\_\_\_

Guardian's Report - Adult (JDF 850SC) – Initial Report/Care Plan) due on: \_\_\_\_\_

Guardian's Report – Adult (JDF 850SC) – Annual Report) due on: \_\_\_\_\_

The following interested persons (identified in the Order of Appointment) must be provided copies of the above reports. The **Certificate of Service** on the reports must be completed prior to filing indicating that you have done so.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## FINANCIAL INSTITUTION INFORMATION (If you have custody/control the ward's financial affairs)

Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone #: \_\_\_\_\_

## SCHOOL INFORMATION

Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone #: \_\_\_\_\_

## MEDICAL INFORMATION

DR/PA/RN Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

## PHARMACY INFORMATION

Pharmacy Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

## RESIDENCE INFORMATION

Name of Facility: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

## INSURANCE INFORMATION

Policy Type: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Agent: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

## OTHER CONTACT INFORMATION

\_\_\_\_\_

## LIST OF MEDICATIONS

\_\_\_\_\_

\_\_\_\_\_

## **PREPARING TO FILE YOUR REPORT REPORT CHECKLIST**

On the following pages, you will find an example Guardian's Report – Minor (JDF 834SC), however, here is a checklist designed to help you prepare for the filing of your Guardian's Report.

It is highly recommended that you type or legibly print your report in black ink.

☐ Does your report have the case number, the ward's name, and your address filled in at the top? This portion of the report is often referred to as the "case caption".

☐ If you or the ward have moved since filing the prior year's report, did you indicate the address change?

☐ If you or the co-guardian(s) have had criminal charges filed against you and/or have been convicted of a crime since the prior report, have you checked the "Yes" box indicated this and provided a detailed explanation?

☐ Did you keep copies of receipts and disbursements for possible future court review?

☐ Did you sign the report? If there are co-guardians, did they all sign the report?

☐ Did you provide copies of the report to all interested persons identified in the Order of Appointment, as well as to the ward if the ward is 12 years or older, and indicated so when completing the Certificate of Service portion of the report?

### **EXAMPLE GUARDIAN'S REPORT – MINOR (JDF 834SC)**

*(The Guardian's Report – Adult (JDF 850SC) is similar, and the same standards apply.)*

**CONTINUE TO THE FOLLOWING PAGES**

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address:  In the Interest of:  <b>Minor</b>		▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address):    Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____		
		Case Number:   Division _____ Courtroom _____
<b>GUARDIAN'S REPORT – MINOR</b>		

The above section is often referred to as the **case caption**. This section must be completed, including your name, address, etc., if you are not represented by an attorney.

When completing the below "Current Report Period From \_\_\_\_\_ To \_\_\_\_\_" you will include the dates listed in the **Order of Appointment**. The dates will also be listed in the **Acknowledgment of Responsibilities**. If at any time the court orders a different timeframe, you will enter that instead.

Current Reporting Period From \_\_\_\_\_ To \_\_\_\_\_  
 (MM/DD/YYYY) (MM/DD/YYYY)  
 (REPORTING DATES MUST BE FOR THE PAST YEAR AND MAY NOT REPORT INTO THE FUTURE.)

**Instructions to guardian:**

You have been ordered to complete a Guardian's Report every year on behalf of the minor. When answering the questions in this report, you are required to provide details. Answers such as "same as last year" or "no change since last report" are not acceptable answers. Your report may be rejected with those answers.

COLORADO LAW REQUIRES THAT ANY GUARDIAN WANTING TO REMOVE THE MINOR CHILD FROM THE STATE OF COLORADO MUST OBTAIN COURT PERMISSION. You must file the necessary forms to make this request and obtain court permission.

Complete all areas of the **Contact Information** section that follows, including the Co-Guardian's information if the court appointed a Co-Guardian. This does not apply in every case.

If applicable, be sure to check the box for advising the court if the information provided is "**Updated Information from the last Report**". Don't forget to check the "**Yes**" or "**No**" box regarding criminal charges and be sure to provide a detailed explanation if the "**Yes**" box is checked.

### **CONTACT INFORMATION**

#### **Minor's Information:**

☐ **Check if Updated Information from last Report**

**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

(Include Name of Living Center or Nursing Home)

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Mailing Address, if different:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Primary Phone :** \_\_\_\_\_ **Alternate Phone:** \_\_\_\_\_

#### **Guardian's Information:**

☐ **Check if Updated Information from last Report**

**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_ **Your Relationship to Minor:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Mailing Address, if different:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ **E-Mail Address:** \_\_\_\_\_

**Primary Phone:** \_\_\_\_\_ **Alternate Phone:** \_\_\_\_\_

Have you had any criminal charges filed against you or convictions entered since the last report? ☐ Yes ☐ No

If Yes, explain: \_\_\_\_\_

#### **Co-Guardian's Information: (if applicable)**

☐ **Check if Updated Information from last Report**

**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_ **Your Relationship to Minor:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Mailing Address, if different:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**Primary Phone:** \_\_\_\_\_ **Alternate Phone:** \_\_\_\_\_

Have you had any criminal charges filed against you or convictions entered since the last report? ☐ Yes ☐ No

If Yes, explain: \_\_\_\_\_



When completing the sections that follow, be sure to:

- Carefully read each question;
- Provide honest and complete answers; and
- Don't leave any question blank.

**I. STATUS INFORMATION**

**Yes No**

**A.** Do you recommend that the guardianship continue?

☐☐

If **No**, explain: \_\_\_\_\_

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**B.** Do you recommend any changes to the guardianship?

☐☐

If **Yes**, explain: \_\_\_\_\_

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**C.** Do you wish to remain guardian?

☐☐

If **No**, explain: \_\_\_\_\_

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**Note:** If you wish to terminate this guardianship or modify by replacing the current guardian or adding a co-guardian, you must file a separate petition with the court.

Regarding the "**Note**" in the box above, please visit the court's website at [www.courts.state.co.us](http://www.courts.state.co.us) for instructions and petitions, including but not limited to:

- JDF 847 – Instructions to Add a Co/Successor Guardian or Conservator
- JDF 835SC – Petition for Termination of Guardianship – Minor
- JDF 836SC – (*Proposed*) Order for Termination of Guardianship – Minor
- JDF 857SC – Petition for Appointment of Co-Guardian or Successor Guardian
- JDF 858SC – (*Proposed*) Order Appointing Co-Guardian or Successor Guardian

**D.** The minor's care and living situation is: ☐ **Very Good** ☐ **Good** ☐ **Adequate** ☐ **Poor**

**E.** Do you believe the current plan for care is in the minor's best interest? ☐ **Yes** ☐ **No**

If **No**, describe your recommended changes:

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F. Who currently provides the majority of the minor's supervision or care and treatment on a daily basis?

Name \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

G. Has the minor's residence changed since the last report? ☐ Yes ☐ No

If **Yes**, identify the date of the move, address of residence, type of residence and reason for the change.

Date of Move	Address of Residence	Type of Residence	Reason for Change

## II. PERSONAL CARE AND OTHER ISSUES

A. Date of the minor's last medical exam: \_\_\_\_\_ Dental exam: \_\_\_\_\_

B. Are the Minor's immunizations current? ☐ Yes ☐ No

If **No**, explain: \_\_\_\_\_

\_\_\_\_\_

C. Is the minor covered under health or dental insurance? ☐ Yes ☐ No

If **Yes**, describe coverage. If **No**, explain efforts to obtain coverage.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

D. Describe any counseling services provided to the minor. If none were provided, state "none".

\_\_\_\_\_

\_\_\_\_\_

E. Describe any other services provided to the minor. If none were provided, state "none".

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

F. Describe any medical services provided to the minor. If none were provided, state "none".

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**G.** Identify any special needs of the minor during this reporting period. If none were identified, state "none".

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**H.** Has the minor's physical and medical condition changed since the last report? ☐ **Yes** ☐ **No** If **Yes**, explain:

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**I.** Identify any significant events involving the minor since the last report e.g. special awards or recognition. If none were identified, state "none".

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**J.** Has the minor been involved in a juvenile delinquency case or any other type of court action? ☐ **Yes** ☐ **No** If **Yes**, in which County? \_\_\_\_\_

**K.** Does the minor have any behavioral issues? ☐ **Yes** ☐ **No**

Describe the nature of the behavioral issues and any treatment the minor is receiving to help with the issues. \_\_\_\_\_

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**L.** If the minor child is not of school age, identify the stages of development for the minor child. This would include but is not limited to, if the child developed his or her motor skills (crawling, walking, etc.), learned to talk, and learned colors, shapes and numbers at age appropriate times. Include if the child is on track developmentally for his or her age and if not on track, explain why not and the steps taken to help the child. Does the child's doctor have any concerns?

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**M.** Does the minor have any contact with the parents or other family members? ☐ **Yes** ☐ **No**

Briefly describe the visits: Name of person visiting, frequency and length of visits and date of the last visit.

If no visits, briefly describe why not.

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### III. EDUCATION AND EXTRACURRICULAR ACTIVITIES

- A. Is the minor attending school: ☐ Yes ☐ No

If **Yes**, complete the information below: If **No**, please be sure to answer question L on page 4, Part II.

Name of School: \_\_\_\_\_ Current Grade Level: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Minor's grades are: ☐ Excellent ☐ Average ☐ Below Average

If **below average** explain why.

\_\_\_\_\_  
\_\_\_\_\_

- B. If the minor is old enough, does he or she have a job? ☐ Yes ☐ No Describe.

\_\_\_\_\_  
\_\_\_\_\_

- C. Describe the educational services provided to the minor.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- D. Identify a few of the minor's goals, accomplishments, and any extracurricular activities during this reporting period.

\_\_\_\_\_  
\_\_\_\_\_

The **Financial Matters** section below is to be completed if you, as the guardian have custody, possession and/or control of the minor's assets, including income and bank/financial accounts.

### IV. FINANCIAL MATTERS

**Complete this section only if there is no conservatorship and the guardian has custody of funds.**

- A. Does the minor own any property? ☐ Yes ☐ No

- B. Do you have possession or control of the minor's assets, e.g. property (real estate and personal property items), financial accounts? ☐ Yes ☐ No

If **Yes**, describe the type of property and approximate value of the property: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

- C. Do you have control of the minor's Income? ☐ Yes ☐ No

- D. If **Yes**, describe: \_\_\_\_\_

\_\_\_\_\_ Do you or the minor receive any financial support from the biological parents or other family members? ☐ Yes ☐ No If there is a current child support order, provide the name of the court, case number, date of most recent order, and status of the payments.

Name of Court	Case Number	State	Date of Current Order	Amount	Payment Status e.g. on time, late

E. If applicable, identify the representative payee for Social Security and other income benefits.  
Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

F. Have any fees been paid to you in your role as guardian? ☐ Yes ☐ No  
If Yes, describe: \_\_\_\_\_  
\_\_\_\_\_

G. Have any fees been paid to others for the care of the minor or his or her property? ☐ Yes ☐ No  
If Yes, describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SUMMARY OF FINANCIAL ACTIVITY DURING REPORTING PERIOD		
Beginning balance of bank accounts (savings, checking, etc.)	\$	
Plus monies received (social security, pension beneficiary, child support, interest, etc.) from any source on behalf of the person	+\$	
Less total fees to care providers	-\$	
Less total monies paid to the Minor, e.g. personal needs	-\$	
Less total fees paid to guardian	-\$	
Less any other expenses, e.g. housing, insurance, maintenance	-\$	
<b>Ending balance of bank accounts</b>	<b>\$</b>	

You are required to maintain supporting documentation for all receipts and all disbursements under your control during the duration of this appointment. The court or any interested persons as identified in the Order Appointing Guardian may request copies at any time.

- ☐ By checking this box, I am acknowledging I am filling in the blanks and not changing anything else on the form.
- ☐ By checking this box, I am acknowledging that I have made a change to the original content of this form.

The **Verification** section must be completed and signed by **all** appointed guardians. This includes co-guardians if appointed.

#### VERIFICATION

I declare under penalty of perjury under the law of Colorado that the foregoing is true and correct.

Executed on the \_\_\_\_\_ day of  
(date)

Executed on the \_\_\_\_\_ day of  
(date)

\_\_\_\_\_,  
(month) (year)

\_\_\_\_\_,  
(month) (year)

at \_\_\_\_\_  
(city or other location, and state OR country)

at \_\_\_\_\_  
(city or other location, and state OR country)

\_\_\_\_\_  
(printed name)

\_\_\_\_\_  
(printed name)

\_\_\_\_\_  
(Signature of Guardian)

\_\_\_\_\_  
(Signature of Co-Guardian, if any)

\_\_\_\_\_  
Attorney Signature, (if any)

\_\_\_\_\_  
Date

**IMPORTANT**  
**THIS SECTION MUST BE COMPLETED CORRECTLY AND SIGNED**  
**OR THE REPORT MAY BE REJECTED.**

The Guardian's Report must be served on the **WARD AND INTERESTED PERSONS** pursuant to Order Appointing Guardian (see § 15-14-207(2)(e), C.R.S.), including minors 12 years of age or older. In the space below under the Certificate of Service, list the names, addresses, and method of delivery for each party listed on the Order Appointing Guardian and provide each party with a copy of this report.

**NOTE: If you wish to change the persons entitled to receive copies of reports or other documents filed, you must file a separate motion with the court.**

Be sure to read the "Important" notice above as to serving the Guardian's Report on the ward and interested persons. You must complete the **Certificate of Service** below, filling in all areas.

Please see the court's website at [www.courts.state.co.us](http://www.courts.state.co.us) for the separate motion noted above.

- JDF 724 – General Motion (Probate)
- JDF 728 – *(Proposed)* General Order (Probate)

**CERTIFICATE OF SERVICE**

I certify that on \_\_\_\_\_ (date), a copy of this \_\_\_\_\_ (name of document) was served as follows on each of the following:

Name and Address	Relationship to Decedent, Ward, or Protected Person	Manner of Service*

\*Insert one of the following: hand delivery, first-class mail, certified mail, e-service, or fax.

\_\_\_\_\_  
Signature